

092763029

CLAIMS AS FILED - PART I

(Column 1)		(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	2 minus 20 =	
INDEPENDENT CLAIMS	1 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

not all claims presented
 5-12-05

(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		20	
Independent		3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE	RATE	FEE
BASIC FEE		BASIC FEE	820
X50-		X518-	
X40-		X30-	
+125-		+270-	
TOTAL		TOTAL	820

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X50-		X518-	
X40-		X30-	
+125-		+270-	
TOTAL ADDTL. FEE		TOTAL ADDTL. FEE	

10-6-05

(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	8	20	
Independent	2	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X50-		X518-	
X40-		X30-	
+125-		+270-	
TOTAL ADDTL. FEE		TOTAL ADDTL. FEE	

4-6-07

(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	18	20	
Independent	3	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X50-		X518-	
X40-		X30-	
+125-		+270-	
TOTAL ADDTL. FEE		TOTAL ADDTL. FEE	

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.
 ** If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number listed in the appropriate box in column 1.

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